



Wyoming Department of Health

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State of Wyoming
Department of Health
Mental Health and Substance Abuse Services Division

Substance Abuse Treatment Certification Application

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State of Wyoming Department of Health

Substance Abuse Treatment Certification Application

Treatment Certification Application is published by the
Mental Health and Substance Abuse Services Division
Rodger McDaniel, Deputy Director
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Additional information and copies may be obtained from

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Acknowledgements and Overview

Treatment Certification Application

Revised May 2009

Certification to provide substance abuse services is available to any alcohol and drug abuse treatment program that meets the requirements for certification identified in the Chapter 16 Substance Abuse Standards and in the following certification application. Certification determines if a program has met minimum requirements related to service delivery and has the necessary organizational, personnel, fiscal, treatment/clinical and special population protocols to provide substance abuse and co-occurring services. It is understood by the applicant that access to clinical records must be made available to the Department of Health, Mental Health and Substance Abuse Services Division and Center for the Application of Substance Abuse Technologies (CASAT) at the time of the certification site visit reviews in order to evaluate for compliance to the standards. This certification is issued by the Wyoming Department of Health Mental Health and Substance Abuse Services Division.

No program, provider, or facility may receive state funds for substance abuse treatment unless certified under the Chapter 16 Substance Abuse Standards. Additionally, no substance abuse service program, provider, or facility may receive court referred patients/clients unless certified under the Chapter 16 Substance Abuse Standards.

For additional information and/or questions please contact:

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Cheyenne, Wyoming 82002
Tel: (307) 777-5253
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Chapter 16 Substance Abuse Standards are available from the State of Wyoming Secretary of State. They may be accessed online at <http://soswy.state.wy.us/Rules/RULES/6857.pdf>.

Certification Application (Word)
<http://health.wyo.gov/mhsa/treatment/Certifications.html>

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Section I: Certification Applicant Information

Date Application Submitted: _____

Agency or Applicant's Name: _____

Applicant's Work Site Address: _____

City and Zip Code: _____

County/Counties of Applicant's Office: _____

Applicant's Telephone Number: _____

Applicant's Cell Phone Number: _____

Applicant's E-mail Address: _____

Applicant's Fax Number: _____

Provider Certification Contact Staff: _____

Website: _____

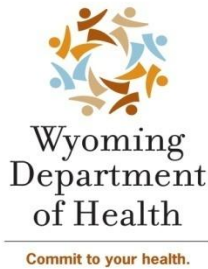
Professional Education Profile of treatment director or clinical supervisor: Please list the type of behavioral health professional degree, the area of study in which it was earned, the college or university attended, and the dates attended:

Professional Affiliations: Please list licensure or professional certification.

Title of Credential: _____

State and Date Issued: _____

Current Status: _____



State of Wyoming Department of Health

Certification Application Disclosure

Agency or Applicant's Name: _____

Completed by: _____

Mailing Address: _____

Daytime Phone: () _____ Date: _____

Instructions for Certification:

By signing and submitting this application, the applicant certifies and acknowledges that he or she has read and understands the following and that the information provided is true and accurate to the best of the applicant's knowledge.

If the applicant cannot certify the following information, he or she shall submit an explanation of why that is the case. If the Wyoming Department of Health Mental Health and Substance Abuse Services Division determines that the applicant knowingly provided false or erroneous information, the Wyoming Department of Health Mental Health and Substance Abuse Services Division may revoke the applicant's certification. The applicant shall immediately notify the Division if and when changed circumstances arise that result in the information provided herein becoming erroneous or incomplete.

Please respond to the following disclosure questions:

☐ YES ☐ NO: Have you, or anyone providing services under your license/certification, ever had your license/certification to practice in any location conditioned, denied, restricted, suspended, reduced, terminated, not renewed, or placed on probation by a licensing board/certifying agency? **If yes, please provide details including dates, current status, and supporting documentation as an attachment to this Certification Application.**

☐ YES ☐ NO: Have you, or anyone providing services under your license/certification, ever been disciplined by any licensing or certification board or other professional organization? **If yes, please provide details including dates, current status, and supporting documentation as an attachment to this Certification Application.**

☐ YES ☐ NO: Have you or anyone providing services under your license/certification, ever voluntarily relinquished your professional license/certification? **If yes, please provide details including dates, current status, and supporting documentation as an attachment to this Certification Application.**

☐ YES ☐ NO: Have you or anyone providing services under your license/certification, had a professional liability case filed against you in the last (5) five years? **If yes, please provide details including dates, current status, and supporting documentation as an attachment to this Certification Application.**

☐ YES ☐ NO: Do you, or anyone providing services under your license/certification, have any misdemeanor or felony charges pending, or have you, or anyone providing services under you, ever been convicted of a civil misdemeanor or felony, other than a minor traffic violation? **If yes, please provide details including dates, disposition of charges, and supporting documentation as an attachment to this Certification Application.**

☐ YES ☐ NO: Have you, or anyone providing services under your license/certification, ever been investigated for any acts alleging dishonesty, fraud, deceit or misrepresentation? **If yes, please provide details including dates, current status, and supporting documentation as an attachment to this Certification Application.**

☐ YES: I attest that I have read and fully understand Chapter 16 Substance Abuse Standards, which establish standards for substance abuse treatment services and provide that a continuum of quality, research based, best practice substance abuse treatment services be made available to Wyoming citizens.

☐ YES: The applicant, and anyone providing services under the applicant, agrees to hold harmless the Division from any civil liability by reason of any action the Division may take during the course and scope of its duties to make a determination on this Certification Application.

☐ YES: I affirm under penalty of perjury under the laws of the State of Wyoming that all information included in this application is true, correct and complete. I understand that knowingly providing false information may be grounds for denial or revocation of any certification that may be provided pursuant to this Application.

Signature of Applicant

Date

Section II: Certification Procedures for Treatment, Criminal Justice Population and DUI Education

1. Application procedure

- a. It is preferred that application packets are to be sent out electronically but the application can be sent hard copy prior to scheduling an on-site review.
 - i. Completed applications are sent to the Certification and Training Specialist and reviewed to ensure all required documents are enclosed.
 - ii. Completed applications are then forwarded by the Division to the Wyoming Certification and Quality Manager (CASAT) to be assigned to the appropriate Field Certification Specialist.
- b. The Field Certification Specialist will contact the applicant and schedule an on-site visit, if appropriate, or request additional documentation as needed.
- c. Any additional requested documentation will be mailed to the Field Certification Specialist. The Field Certification Specialist will complete an onsite site visit and prepare a certification report to be submitted to the Mental Health and Substance Abuse Services Division for certification recommendations.

2. Overview of Certification Monitoring Process:

Measurement for compliance is determined by using Chapter 16 Substance Standards and a weighted Certification Instrument related to operations of Organizational, Personnel, Fiscal, Clinical/Treatment, Special Population, protocols as applicable. It is understood by the applicant that access to all records mentioned above must be made available to the Department of Health, Mental Health and Substance Abuse Services Division and Center for the Application of Substance Abuse Technologies at the time of the certification site visit reviews in order to evaluate for compliance to the standards.

A certification instrument and point system will be utilized to determine an overall score for the program:

- State Certified, 2 years: 80% or more in each of the above categories with an overall weighted score of 90% and above.
- State Certified, 1 year: 75% or more in each of the above categories with an overall weighted score of 75% - 89% overall.
- State Certified, 6 months: 65% - 75% or more in each of the above categories and an overall score of 65% - 75% overall.
- Major Non-Compliance: If a provider of a service(s) receives a score under 65% in any of the above categories and/or an overall weighted score of 65% or below, this will result in a review from the Mental Health and Substance Abuse Services Division Certification Management Team on a case-by-case basis.

3. Corrective Action, Suspension, or Revocation of certification

Upon the results of the on-site certification review, as indicated by certification instrument score, the Field Certification Specialist will meet with the Wyoming Department of Health Mental Health and Substance Abuse Services Division staff regarding recommendations for corrective action or revocation.

4. Corrective Action, Suspension, or Revocation

Corrective Action, Suspension, or Revocation decisions and recommendations related to client and personnel safety and ethical compliance issues may be communicated to the applicant/certified provider, referring courts, Mental Health Licensure Board, or any other inquiries into the applicant/certified providers' certification status.

- a. The Wyoming Department of Health, Mental Health and Substance Abuse Services Division shall provide written notification of the Corrective Action, Suspension, or Revocation to the applicant within 30 working days of the effective date of the certification.
- b. An application may be approved subject to conditions provided those conditions are fully set forth in the letter communicating the conditional approval. In the event an application is approved subject to conditions, the applicant must communicate its plans for complying with the conditions. If the applicant is unwilling to comply with the conditions, the application shall be deemed denied pending further negotiations.
- c. If the applicant/certified provider chooses to appeal the revocation, the appeals process will follow the protocols documented in Chapter 16 of the Substance Abuse Standards.

5. Corrective Action Plans

Corrective Action Plans are based on the certification report and will be submitted to the identified Regional Consultant and Certification Specialist within 30 days of the receipt of the certification report.

The Field Certification Specialist will review the Corrective Action Plan for compliance and will make recommendation to the Certification Management Team on whether to accept or reject the plan.

Section III: State Certification Application Packet Checklist

Applications packets are to be submitted by preference, electronically, but may be submitted by hard copy.

Please return the completed *Checklist and Application for Certification* to the Certification and Training Specialist at the Wyoming Department of Health Mental Health and Substance Abuse Services Division with the following enclosed:

- ☐ Level of services applying for in this application (Section IV).
- ☐ Documentation evidencing the authority of the provider to do business in the State of Wyoming (e.g., business license, copy of Articles of Incorporation filed with the Wyoming Secretary of State, etc.)
- ☐ Copies of current Articles of Incorporation and By-Laws, if applicable.
- ☐ A list of all names used by the provider in the practice of business.
- ☐ Ownership and Governing Board Membership List
- ☐ Current Staff Information List
- ☐ Requirements Specific to DUI Education Programs
- ☐ Statement of Disclosure and Release of Information
- ☐ Three (3) professional reference letters from parties with whom you have provided similar services in the last two (2) years. *(This is not applicable for providers currently funded by the Wyoming Department of Health Mental Health and Substance Abuse Services Division.)*
- ☐ Copies of current malpractice/professional liability insurance.
- ☐ Photocopy of license(s) for all practitioners from Mental Health Professions Licensing Board
- ☐ One **electronic** copy of the program's current policies and procedures manuals. Please identify any items which have been added or revised since the last review.

All items listed above should be submitted together. The Field Certification Specialist will contact applicant to schedule an initial on-site certification review to determine whether requirements for certification have been met.

Please submit all materials related to service certification to the following:

Mental Health and Substance Abuse Services Division, WDH
Mary Jane Schultz, MSW
Certification and Training Specialist
6101 Yellowstone Road, Ste. 220
Cheyenne, WY 82002
(307) 777-5253, fax (307) 777-5580

Section IV: Application for Level of Service According to the American Society of Addiction Medicine (ASAM Patient Placement Criteria PPC-2R)

Applicant, place a check next to each service level applying for:

Adult Services:

- ☐ Level 0.5 Early Intervention / DUI Education
- ☐ Level I Substance Abuse Assessment Only
- ☐ Level I Outpatient Treatment
- ☐ Level II.1 Intensive Outpatient Treatment
- ☐ Level II.5 Partial Hospitalization
- ☐ Level III.1 Clinically Managed Low-Intensity Residential Treatment
- ☐ Level III.3 Clinically Managed Medium-Intensity Residential Treatment
- ☐ Level III.5 Clinically Managed High-Intensity Residential Treatment
- ☐ Level III.7 Medically Monitored Intensive Inpatient Treatment
- ☐ Level IV Medically Managed Intensive Inpatient Treatment
- ☐ Emergency Assessment and Referral Service

Adult Detoxification Services:

- ☐ Level III.2-D Clinically Managed Residential Detoxification (Social Detoxification)
- ☐ Level III.7-D Medically Monitored Inpatient Detoxification
- ☐ Level IV-D Medically Managed Intensive Inpatient Detoxification

Adolescent Services:

- ☐ Level 0.5 Early Intervention / MIP Education
- ☐ Level I Substance Abuse Assessment Only
- ☐ Level I Outpatient Treatment
- ☐ Level II.1 Intensive Outpatient Treatment
- ☐ Level II.5 Partial Hospitalization
- ☐ Level III.1 Clinically Managed Low-Intensity Residential Treatment
- ☐ Level III.5 Clinically Managed Medium-Intensity Residential Treatment
- ☐ Level III.7 Medically Monitored High-Intensity Residential/Inpatient Treatment
- ☐ Level IV Medically Managed Intensive Inpatient Treatment

Adolescent Detoxification Services:

- ☐ Level III.5-D: Clinically Managed Residential Detoxification
- ☐ Level III.7-D: Medically Monitored Inpatient Detoxification
- ☐ Level III.IV-D: Medically Managed Intensive Inpatient Detoxification

Special Population Designations:

- ☐ Co-Occurring Disorder Treatment
- ☐ Women's Treatment Services
- ☐ Residential Treatment for Persons with Dependent Children
- ☐ Criminal Justice Population
- ☐ Adolescent Treatment

Ownership and Governing Board Membership List

Using the following criteria, include a list of board members:

- ☐ Name
- ☐ Address
- ☐ Phone number
- ☐ Using the following initials, designate in what capacity these people function for the applicant.

(O-Ownership, D-Director, FI-Financial Investors, or BDM-Board Member)

Current Staff Information List

Using the following criteria, submit a list of current staff including director, fiscal staff, accounting staff, clinicians, case managers, psychology staff, contract workers, etc. This may require additional pages of following criteria for each identified staff member. Please include a photocopy of all professional licenses.

- ☐ Name
- ☐ Title
- ☐ Degree
- ☐ Licenses
- ☐ Percent of time spent on substance abuse activities